

1714641386

State of Hawaii – Dept. of Human Services

Med-QUEST Division

P. O. Box 3490

Honolulu, HI 96811-3490



November 22, 2018

Case Number : [REDACTED]

Telephone Number : (808) 587-3521

Fax Number : (808) 587-3543

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HONOLULU, HI 96817

RE: REQUEST FOR ADDITIONAL INFORMATION – N01

Dear [REDACTED]

We have received your application. However, we need more information to make an eligibility determination. Please submit the requested items by the due date(s) below. Instructions for submitting documents for verification are provided at the end of this letter.

Name	Verification Item	Due Date	Authority
[REDACTED]	Proof of household's current monthly gross income-pay stubs, Social Security or other award letters, pension, employer statements, etc.	December 07, 2018	H.A.R. 17-1711.1-14, 17-1713.1-6, 17-1714.1-2, 17-1724.1-9, 17-1724.2-3, 17-1724.2-4, 17-1724.2-20

You can mail, fax, or bring your documents to our office.

By mail. Write your case number on your documents and send to:

Attn: MQD Oahu Applications Unit I

P. O. Box 3490

Honolulu, HI 96811-3490

By Fax. Write your case number on your documents and Fax to:

Fax: (808) 587-3543

In person. Bring this letter and your documents to:

Attn: MQD Oahu Applications Unit I

801 Dillingham Blvd, 3rd Floor,

Honolulu, HI 96817

If you are a TTY user or need help in a language other than English, call the phone number located on the letter. We will get you help at no cost.

Fair hearing rights and other important information are explained on the back of this notice.

If we do not receive the requested information by the date specified above, your application for medical assistance benefits may be denied or stopped. If you have questions or need more information, please call (808) 587-3521.

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Examples of Documents You May Mail, Fax, or Bring to Our Office

PHOTO IDENTIFICATION

Please attach a **copy** of ONE ITEM ONLY for each person who wants medical assistance:

- Passport
- Driver License or Permit
- School Identification
- Bus Pass
- Draft Record
- U.S. Military or Military Dependent Card
- U.S. Coast Guard Merchant Mariner Card
- Certificate of Indian Blood or U.S. Indian/Alaskan Native Tribal Document American
- State Identification Card
- Permanent Resident Card (I-551)
- Certificate of Naturalization or U.S. Citizenship
- Other Official Photo Identification
- Government Issued Card with Same Information as Driver License
- Affidavit (Children Under 16 Years Old Only)

U. S. CITIZENSHIP

Please attach a copy of ONE ITEM ONLY for each U.S. citizen who wants medical assistance:

- Certified U.S. Birth Certificate
- Current Hawaii State Identification Card
- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)
- Certificate or Report of Birth Abroad (DS-1350, FS-240, or FS-545)
- Northern Mariana Identification Card (I-873)
- American Indian KIC Card (I-872)
- U.S. Military Record (DD-214)
- U.S. Final Adoption Decree
- U.S. Civil Service Employment Before June 1, 1976
- U.S. Citizen ID Card (I-179 or I-197)
- Verification with Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) Database for Naturalized Citizens

ALIEN STATUS

Please attach a **copy** of ONE ITEM ONLY for each alien who wants medical assistance:

- Permanent Resident Card (I-551)
- Arrival/Departure Record (I-94)
- Recent Arrivals Only: Foreign Passport or I-94 with I-551 Stamp
- Employment Authorization Document(EAD) (I-766)
- Employment Authorization Card (I-688B)
- Refugee Travel Document (I-571)
- U.S. Veteran Discharge Papers (DD-214)
- Active Duty Orders

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